



Disaster Response in New York and Washington: September 11, 2001

by Robyn D. Walser, Ph.D., Sierra-Pacific MIRECC, and Mara Kushner, C.S.W., VISN 3 MIRECC

The events of September 11, 2001, have had a profound impact on our lives both personally and as mental health professionals. The images and memories are extraordinary in nature and enormously difficult to bear. Although most of the experiences related to the terrorist attacks have been intensely sad, there have been amazing acts of human kindness and bravery. To have been a part of those events has had a considerable effect on our lives. We have and continue to have a great respect for the individuals and families directly impacted by the events that occurred that day.

Immediately after September 11, the VISN 3 Mental Health Care Line implemented a command center to monitor all network mental health activity including demand for services. Numerous strategies were put in place to reach out to veterans impacted by these events. The VA, along with the VBA and Vet Center had a seven-day a week presence at family and victim service centers in New York City and New Jersey to provide information and referral services to survivors. Through collaboration with the community, the VA provided information and referrals to many of the relief workers – fire fighters and police officers – who are veterans. The VISN 3 Mental Health Care Line leadership continues to work closely with the MIRECC in developing strategies to better understand the effects of our interventions.

Several members of the Sierra-Pacific MIRECC joined a Disaster Response Team working in Washington, DC. The team participated in a number of activities, including working with DOD and Army in the Family Support Center and with families at the Pentagon site. Most efforts were spent consulting with disaster and intervention support teams. Information about normal reactions following disaster, coping skills, support to family members who had lost loved ones at the Pentagon, and support to Army staff working with these families was provided. Work continues on projects related to mass terrorism and its psychological effects on veterans and the community.

At this time we reflect on lessons learned during the events following September 11, while trying to anticipate the future needs of our veterans and their families. The long-term impact of September 11 is still unknown. We must understand and investigate the impact of this and other acts of terrorism so that we can intervene in a fashion that is scientifically sound, promotes health, and is supportive. We must continue to respond with flexibility and collaboration in order to effectively meet the needs of veterans, staff and the community. Collaborative efforts between MIRECC and other VA entities will promote these endeavors. Our hats are off to the many people who served our country and our country's families following this tragic event. ♦

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Enhancing Recovery through Translational Research at the VISN 3 MIRECC

by Bruce Levine, M.D., Ellen Weissman, M.D., and
Mark Levinson

The mission of the Southern New York-New Jersey (VISN 3) MIRECC is to understand the causes of serious mental illness and to develop the most effective treatments to enhance the recovery of veterans and assist in their return to the community. Our investigations span neurochemistry, neuroanatomy, molecular genetics, neuroimaging, neuropsychology, psychopharmacological interventions, evaluation and health services research, and a series of educational and translational projects. We coordinate these efforts with the Mental Health Executive Board (MHEB) and Mental Health Care line of VISN 3. Through these close

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Sierra-Pacific MIRECC (VISN 21): Translating Science Into Practice

by Ruth O'Hara, Ph.D. and Robyn D. Walser, Ph.D.

A central goal of the Sierra-Pacific MIRECC is to improve the treatment of both veterans with Alzheimer's disease and related dementias and veterans with PTSD, by attempting to individualize treatment for each veteran. Our MIRECC strives to achieve this goal with a multi-pronged approach that integrates cutting-edge methodologies, innovative research, and state-of-the-art clinical and educational activities.

Several patient characteristics affect clinical outcome and treatment response; patients seldom have a single diagnosis. The ability to identify which veterans are likely to achieve an adequate clinical response prior to initiating therapy would improve care for the veteran but could also save tremendous psychological, clinical and financial

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relationships our projects meet the needs of the VISN and its veterans.

The Schizophrenia and Mental Illness Brain Bank, established by Vahroum Haroutunian, Ph.D., has become a national resource for promoting a better understanding of the symptoms and course of serious mental illness (SMI) in veterans. Dr. Haroutunian's pharmacologic studies of glutamate and GABA, the predominant excitatory and inhibitory neurotransmitters in the brain, have shown that key enzymes in their metabolic pathways are significantly elevated in the frontal cortex in schizophrenia. Gene expression studies have supported this finding and have shown that five genes involved in myelin production are also dysregulated. This myelin hypothesis of schizophrenia has become an important new avenue for research. William Byne, M.D., Ph.D., Director of Neuroanatomy Research, is conducting studies on changes in the thalamic nuclei in schizophrenia. Philip Harvey, Ph.D., Director of Clinical and Neuropsychiatric Assessment, directs a program of longitudinal neuropsychiatric assessment of veterans with a serious mental illness, including an extensive cognitive assessment, functional assessments, and diagnostic assessment. An affirmation of the quality of VA care has been the very high fidelity between clinical diagnosis and diagnosis based upon this structured assessment.

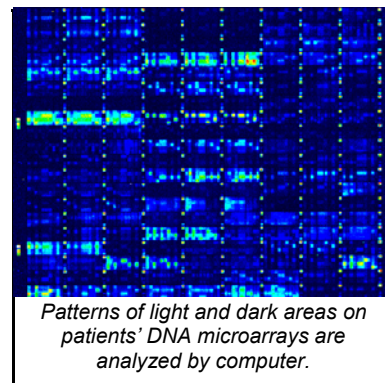
The Evaluation and Health Services Research Core, directed by Susan Essock, Ph.D., and the Education Core, directed by Bruce Levine, M.D., work closely together translating research results into educational/clinical projects. Their focus is on evidence-based practices for psychopharmacology, practice guidelines and adherence, and developing projects in conjunction with the MHEB. Ellen Weissman, M.D., M.P.H., examined VISN-wide antipsychotic prescribing patterns and found the rate of clozapine usage in our patients with schizophrenia is less than 3%, a rate below the VA average, which itself is low compared to other public systems in the U.S. This research led directly to developing the Clozapine Education and Consultation Program (CPEP) headed by Dr. Levine. The CCEP supports the use of clozapine for veterans with serious mental illness through the use of video conferences, an educational packet, live case consultation, and real time telephone consultations. VISN 3 is working closely with the Mental Health QUERI on the issue of clozapine use in the VA. Drs. Essock and Weissman along with the VISN 22 MIRECC also convened a panel of experts in psychopharmacology to document and publish existing evidence-based antipsychotic prescribing practices and to identify gaps in the evidence base. Miklos Losonczy, M.D., MIRECC Clinical Director, initiated a psychopharmacology algorithm project at the New Jersey Health Care System for treatment of schizophrenia, which has become a MIRECC Clinical Demonstration Project. Jon Morgenstern, Ph.D.,

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resources. Under the direction of Helena Kraemer, Ph.D., the Methodology and Evaluation Core of our MIRECC has developed *signal-detection methods* that identify subpopulations of patients with wide differences in treatment responsiveness. Signal detection techniques are special statistical techniques that identify patient characteristics associated with a particular outcome. Using these methodologies our MIRECC investigators can systematically evaluate the usefulness of biological, genetic and psychosocial markers in predicting treatment response in our veterans. Because the Sierra-Pacific MIRECC covers a wide geographical region (Hawaii to Nevada) and contains an ethnically and culturally diverse veteran population, we are in an ideal position to evaluate a broad range of factors that may contribute to differential treatment response.

Several of our key research endeavors highlight this approach. Our MIRECC dementia investigators, under the leadership of Jared Tinklenberg, M.D., are collaborating with ten Alzheimer's Disease Research Centers. They aim to determine the effectiveness of cholinesterase inhibitors in ordinary clinical practice and to identify characteristics of veterans with dementia who respond either well, or poorly, to these medications. Similarly, our MIRECC PTSD investigators, under the leadership of Charles Marmar, M.D., are conducting a trial of the adrenaline-blocking agent, guanfacine, for the treatment of veterans with chronic combat related PTSD. Biological markers, including brain imaging and measurements of neuroendocrine function, are being collected on these patients. In the Genetic/Neurochemistry Core, Greer Murphy, M.D., Ph.D., and colleagues have developed a rapid screening method to identify patients at risk for medication side effects due to elevated medication levels in the blood. The CYP2D6 gene, which metabolizes



Patterns of light and dark areas on patients' DNA microarrays are analyzed by computer.

many medications used in psychiatry, shows tremendous variability among patients. A newly discovered variant in the promoter region of the gene has an important effect on drug metabolism. However, there has been no convenient method to assay for this variant. By

developing this rapid screening method, MIRECC investigators across all our pharmacological studies are able to identify patients at risk for medication side effects.

A broad range of psychosocial variables also predict treatment and clinical response. For example, social support available to veterans with dementia may play a key role in medication compliance. MIRECC investigator, Dolores Gallagher-Thompson, Ph.D., was recently awarded an NIA

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EDUCATION ACTIVITIES

VISN 3 May 13-14, 2002	Training Workshop: Motivation Enhancement Therapy, Jon Morgenstern Ph.D., Bronx VAMC
Fall 2002	Suicide Assessment and Prevention in SMI Contact: Bruce.Levine@med.va.gov
VISN 4 September 2002	Treating Trauma Among Veterans Philadelphia & Pittsburgh, PA Contact: Ruckdesc@mail.med.upenn.edu
VISN 5 September 23, 2002	Double Trouble: Substance Abuse and Mental Illness Martinsburg, WV Contact: Gwen.Kergides@lrn.va.gov
December 2-3, 2002	Schizophrenia and the Criminal Justice System, Baltimore, MD Contact: Erica.Chestnut@lrn.va.gov
VISN 16 June 13-14, 2002	Linking Geriatric Mental Health Research to Practice Little Rock, AR
September 18-20, 2002	Treatment of Addictive Disorders Biloxi, MS Contact: Michael.Kauth@med.va.gov
VISN 20 September 12-13, 2002	Comprehensive Management of PTSD Portland, OR Contact: Ruth.Tsukuda@med.va.gov
VISN 21 July 2002	Updates on Psychopharmacology and Mental Illness TBA
November 2002	Issues in Extended Care: Clinical and Policy Updates TBA Contact: Robyn.walser@med.va.gov
VISN 22 Ongoing	Online CME Courses on Improving Functional Outcome, Co-Morbidity & Geropsychiatry http://www.mirecc.org Contact: Louise.Mahoney@med.va.gov

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examined the prevalence of veterans with dual diagnosis at the Bronx VA and is implementing educational programs in their treatment.

The MIRECC has been closely involved in the VISN's efforts to reduce inpatient stays and intensify outpatient treatment. Larry Siever, M.D., VISN 3 MIRECC Director, Dr. Levine and the Bronx and Montrose VAMCs participate in a biweekly video telemedicine consultation for reassessment of seriously mentally ill long-stay veterans with complex psychiatric problems in order to improve treatment and facilitate discharge. The neuropsychiatric evaluations described are an important resource in these reassessments, and another example of how even our basic science research has had a direct influence on clinical practice. VISN 3 has discharged 85% of its long-stay patients to the community. In close collaboration with the MHEB and VISN 3 clinicians, Dr. Levine is characterizing the remaining group of long-stay patients, and designing interventions to ensure we return these patients to the community safely. Dr. Losonczy is investigating the quality of life of the discharged veterans. Community tenure of this de-institutionalized population is

NATIONWIDE MIRECCs

VISN 1	
Bruce Rounsaville, M.D., Director	(203) 932-5711 x7401
West Haven, Connecticut http://www.mirecc.org/other-mireccs/vsn1/vsn1.html Improve care for veterans with mental illness and substance dependence	
VISN 3	
Larry Siever, M.D., Director	(718) 584-9000 x3704
Bronx, New York http://www.va.gov/visns/vsn03/mirecc.asp Investigate causes and treatments of serious mental illness	
VISN 4	
Ira Katz, M.D., Ph.D., Director	(215) 349-8226
Philadelphia, Pennsylvania http://www.va.gov/visn4mirecc Advance care for veterans with concurrent physical, mental and/or substance use disorder	
VISN 5	
Alan S. Bellack, Ph.D., ABPP, Director	(410) 605-7451
Baltimore, Maryland http://www.va.gov/visn5mirecc Improve care for veterans with schizophrenia and for their families	
VISN 16	
Greer Sullivan, M.D., M.S.P.H., Director	(501) 257-1712
North Little Rock, Arkansas http://www.mirecc.org/other-mireccs/Vsn16/vsn-16.html Close the gap between mental health research and clinical practice	
VISN 20	
Murray A. Raskind, M.D., Director	(206) 768-5375
Seattle, Washington http://www.mirecc.org/other-mireccs/Vsn20/vsn-20.html Investigate the genetics and neurobiology of schizophrenia, PTSD and dementia	
VISN 21	
Jerome Yesavage, M.D., Director	(650) 852-3287
Palo Alto, California http://mirecc.stanford.edu MIRECC Fellowship Hub Site Individualize treatments for veterans with PTSD or with Alzheimer's Disease	
VISN 22	
Stephen R. Marder, M.D., Director	(310) 268-3647
Los Angeles, California http://www.mirecc.org Improve functional outcomes of veterans with psychotic disorders	

high (re-hospitalization within 30 days is approximately 10%), patient and family satisfaction with community life is good, and very few patients have been lost to follow-up. Areas for improvement include increasing access to independent living placements and work restoration efforts. VISN 3 and the MIRECC collaborated on a workgroup to implement evidence-based practices to enhance the success and recovery of veterans living in the community.

This is an exciting time for VISN 3 MIRECC. We look forward to our continued partnership with other MIRECCs, with QUERI, HSRD, our academic affiliates, our clinical sites, Mental Health, VISN Leadership, and veteran groups and organizations to improve the care that we offer and the scientific basis upon which it rests. ♦



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grant to examine the physiological and psychological sources of caregiver stress and, to provide clinically effective interventions to reduce this stress. Other psychosocial variables are being addressed by use of science-based treatments. Josef Ruzek, Ph.D., and Robyn Walser, Ph.D., of the Education Core have implemented a treatment manual, *Seeking Safety*, for veterans with PTSD and substance abuse at multiple sites within our VISN. Other manuals are currently being pilot tested with an eye to moving these interventions into practice. Signal detection methodologies can identify the characteristics of veterans with PTSD and substance abuse who benefit most from this and other treatments and can investigate the role of these interventions in medication compliance and response. Finally, Sierra-Pacific MIRECC investigators are using this approach to determine which dementia patients are at greatest risk for rapid decline. This information could help clinicians target these patients for pharmacologic interventions, facilitate long-term care planning, and potentially create savings by delaying or stabilizing the course of the disease. Indeed, signal detection techniques yield information that are easy to interpret clinically and can be rapidly translated to the clinician. To this end, Jerome Yesavage M.D., has developed a signal detection analysis program now available to all on our website (mirecc.stanford.edu).

A central focus of our educational efforts has been disseminating information generated by our MIRECC research projects. Under the leadership of Fred Gusman, MSW, our Education Core utilizes electronic delivery and national conferences to communicate the results of our research to clinicians, researchers, veterans and their families. In addition, the Sierra Pacific MIRECC serves as the Hub Site for the national VA Special Fellowship in Advanced Psychiatry and Psychology that aims to train future academic and healthcare system leaders. A coordinated nationwide system of televised conferences and seminars has been established, and we have placed particular emphasis on teaching innovative methodologies that are valuable in conducting applied clinical research.

Given the extensive array of behavioral and biological treatments now available for mental illness, the Sierra-Pacific MIRECC goal of matching patients to treatment is certain to improve the quality of care afforded to our veterans with mental illness. ♦

Fall Issue will feature MIRECCs in VISN 4 and VISN 5

